


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90019 037 ****61.25

DOCUMENT # 700159			
1. Entity Name THE ST. AUGUSTINE ART ASSOCIATION			
Principal Place of Business 22 MARINE ST ST. AUGUSTINE, FL 32084		Mailing Address 22 MARINE ST ST. AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WALER, RICHARD L., JR. 864 WHITE EAGLE CIRCLE ST. AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAHL, PAM 342 CHARLOTTE ST SAINT AUGUSTINE, FL 320845036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradley, Diane 144 Cedar Ridge Cir. St Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, DIANE 144 CEDAR RIDGE CIR SAINT AUGUSTINE, FL 320806535 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tompkins, Teri 244 Kingston Dr St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, DEBI 6524 BROWARD ST SAINT AUGUSTINE, FL 320807516 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nick, Gayle 142 Ocean Hollow Ln St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWE, JERALYN D 41 PEBBLE BEACH CIR FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Myrick, Steve 850 A1A Beach Blvd. St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, TERI 399 OLD QUARRY ROAD SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burtin, Kay 285 Matanzas Blvd. St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PAUL E 132 WASHINGTON STREET ST AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bova, Michele 306 St George St. St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Johns</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.